

EXHIBIT “A”

This form is approved by the Illinois Supreme Court and must be accepted in all Illinois courts.
Forms are free at ilcourts.info/forms.

STATE OF ILLINOIS, CIRCUIT COURT McHenry COUNTY		SUMMONS	For Court Use Only
Instructions ▼ Enter above the county name where the case was filed.	Goodhope Healthcare and Home Health Services, Inc. Plaintiff / Petitioner (First, middle, last name)		2023LA000323 Case Number
Enter your name as Plaintiff/Petitioner.	V.		
Below "Defendants/ Respondents," enter the names of all people you are suing.	Defendants / Respondents (First, middle, last name) Aetna, Inc.		
Enter the Case Number given by the Circuit Clerk.	<input type="checkbox"/> Alias Summons (Check this box if this is not the 1 st Summons issued for this Defendant.)		

IMPORTANT: You have been sued.

- Read all documents attached to this Summons.
- You **MUST** file an official document with the court within the time stated on this Summons called an *Appearance* and a document called an *Answer/Response*. If you do not file an *Appearance* and *Answer/Response* on time, the judge may decide the case without hearing from you. This is called "default." As a result, you could lose the case.
- All documents referred to in this Summons can be found at ilcourts.info/forms. Other documents may be available from your local Circuit Court Clerk's office or website.
- After you fill out the necessary documents, you need to electronically file (e-file) them with the court. To e-file, you must create an account with an e-filing service provider. For more information, go to ilcourts.info/efiling. If you cannot e-file, you can get an exemption that allows you to file in-person or by mail.
- You may be charged filing fees, but if you cannot pay them, you can file an Application for Waiver of Court Fees.
- It is possible that the court will allow you to attend the first court date in this case in-person or remotely by video or phone. Contact the Circuit Court Clerk's office or visit the Court's website to find out whether this is possible and, if so, how to do this.
- Need help? Call or text Illinois Court Help at 833-411-1121 or go to ilcourthelp.gov for information about going to court, including how to fill out and file documents. You can also get free legal information and legal referrals at illinoislegalaid.org. All documents referred to in this Summons can be found at ilcourts.info/forms. Other documents may be available from your local Circuit Court Clerk's office or website.
- ¿Necesita ayuda? Llame o envíe un mensaje de texto a Illinois Court Help al 833-411-1121, o visite ilcourthelp.gov para obtener información sobre los casos de la corte y cómo completar y presentar formularios.

Plaintiff/Petitioner:

Do not use this form in these types of cases:

- | | | |
|----------------------|------------------------------|-------------------------------|
| • All criminal cases | • Order of protection | • Adult guardianship |
| • Eviction | • Paternity | • Detinue |
| • Small Claims | • Stalking no contact orders | • Foreclosure |
| • Divorce | • Civil no contact orders | • Administrative review cases |

For eviction, small claims, divorce, and orders of protection, use the forms available at ilcourts.info/forms. If your case is a detinue, visit illinoislegalaid.org for help.

If you are suing more than 1 Defendant/Respondent, attach an *Additional Defendant/Respondent Address and Service Information* form for **each** additional Defendant/Respondent.

In **1a**, enter the name and address of the first Defendant/ Respondent you are serving. If you are serving a Registered Agent, include the Registered Agent's name and address here.

In **1b**, enter a second address for the first Defendant/ Respondent, if you have one.

In **1c**, check how you are sending your documents to this Defendant/ Respondent.

Check here if you are serving more than 1 Defendant/ Respondent. Attach an *Additional Defendant/ Respondent Address and Service Information* form for each additional Defendant/ Respondent and write the number of forms you attached.

In **2a**, enter the amount of money owed to you. Check **2b** if you are asking for the return of tangible personal property.

In **3**, enter your complete address, telephone number, and email address, if you have one.

1. Defendant/Respondent's address and service information:

a. Defendant/Respondent's primary address/information for service:

Name (*First, Middle, Last*): Aetna, Inc.

Registered Agent's name, if any: _____

Street Address, Unit #: 3200 Highland Ave. MCF648

City, State, ZIP: Downers Grove, Illinois 60515

Telephone: _____ Email: _____

b. If you have more than one address where Defendant/Respondent might be found, list that here:

Name (*First, Middle, Last*): _____

Street Address, Unit #: _____

City, State, ZIP: _____

Telephone: _____ Email: _____

c. Method of service on Defendant/Respondent:

☐ Sheriff

☐ Sheriff outside Illinois: _____

County & State

☒ Special process server

☐ Licensed private detective

☐ **I am serving more than 1 Defendant/Respondent.**

I have attached _____ *Additional Defendant/Respondent Address and Service Information* forms.

2. Information about the lawsuit:

a. Amount claimed: \$ 220,757.28

☐ **b. I am asking for the return of tangible personal property (items in the Defendant/Respondent's possession).**

3. Contact information for the Plaintiff/Petitioner:

Name (*First, Middle, Last*): Carl E. Metz II

Street Address, Unit #: 101 N. Virginia Street, Suite 150

City, State, ZIP: Crystal Lake, Illinois 60014

Telephone: 815-459-2844 Email: cmetz@metzvaclavek.com

GETTING COURT DOCUMENTS BY EMAIL: You should use an email account that you do not share with anyone else and that you check every day. If you do not check your email every day, you may miss important information, notice of court dates, or documents from other parties.

Important information for the person getting this form

You have been sued. Read all of the documents attached to this *Summons*. To participate in the case, you must follow the instructions listed below. If you do not, the court may decide the case without hearing from you and you could lose the case. *Appearance* and *Answer/Response* forms can be found at: ilcourts.info/forms.

Check **4a** or **4b**. If Defendant/Respondent only needs to file an *Appearance* and *Answer/Response* within 30 days, check box **4a**. Otherwise, if the clerk gives you a court date, check box **4b**.

4. Instructions for person receiving this *Summons* (Defendant):

☒ **a. To respond to this *Summons*, you must file *Appearance* and *Answer/Response* forms with the court within 30 days after you have been served (*not counting the day of service*) by e-filing or at:**

Address: Michael J. Sullivan Judicial Center 2200 N. Seminary Avenue

City, State, ZIP: Woodstock, Illinois 60198

- The court date and time the clerk gave you.
- The courtroom and address of the court building.
- The call-in or video information for remote appearances (if applicable).
- The clerk's phone number and website. All of this information is available from the Circuit Clerk.

On: _____ at _____ ☐ a.m. ☐ p.m. in _____
Date Time Courtroom

Courthouse Address	City	State	ZIP
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Call-in number for telephone remote appearance

Video conference website

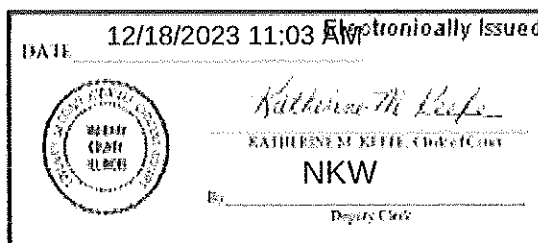
Video conference log-in information (meeting ID, password, etc.)

Circuit Clerk's phone number

at: _____ to find out more about how to do this.
Website

The Circuit Clerk will fill in this section.

Clerk of the Court:



Seal of Court

Note to officer or process server:

- If 4a is checked, this *Summons* must be served within 30 days of the witness date.
- If 4b is checked, this *Summons* must be served at least 40 days before the court date, unless 2b is also checked.
 - If 4b and 2b are checked, the *Summons* must be served at least 3 days before the court date.

Date of Service:

(Date to be entered by an officer or process server on the copy of this Summons left with the Defendant or other person.)

****Stop. Do not complete the form. The sheriff or special process server will fill in the form. Give them one copy of this blank *Proof of Service* form for each Defendant/Respondent.****

First, Middle, Last

- City, State, ZIP: _____

☐ I was not able to serve the *Summons* and Complaint/Petition on Defendant/Respondent:

First, Middle, Last

I made the following attempts to serve the *Summons* and Complaint/Petition on the Defendant/Respondent:

1. On this date: _____ at this time: _____ ☐ a.m. ☐ p.m.
Address: _____
City, State, ZIP: _____
Other information about service attempt: _____

2. On this date: _____ at this time: _____ ☐ a.m. ☐ p.m.
Address: _____
City, State, ZIP: _____
Other information about service attempt: _____

3. On this date: _____ at this time: _____ ☐ a.m. ☐ p.m.
Address: _____
City, State, ZIP: _____
Other information about service attempt: _____

DO NOT complete this section. The sheriff or private process server will complete it.

If you are a special process server, sheriff outside Illinois, or licensed private detective, your signature certifies that everything on the *Proof of Service of Summons* is true and correct to the best of your knowledge. You understand that making a false statement on this form could be perjury.

Under the Code of Civil Procedure, 735 ILCS 5/1-109, making a statement on this form that you know to be false is perjury, a Class 3 Felony.

By:

Signature by: ☐ Sheriff
☐ Sheriff outside Illinois:

County and State
☐ Special process server
☐ Licensed private detective

FEES

Service and Return:	\$
Miles	\$
Total	\$

Print Name

If *Summons* is served by licensed private detective or private detective agency:

License Number: _____

IN THE CIRCUIT COURT OF
 THE TWENTY-SECOND JUDICIAL CIRCUIT
 McHENRY COUNTY, ILLINOIS

2023LA000323

GOODHOPE HEALTHCARE AND HOME
 HEALTH SERVICES, INC.,

Plaintiff,

vs.

Case No.

AETNA, INC.

Defendant.

NOTICE

THIS CASE IS HEREBY SET FOR A
 SCHEDULING CONFERENCE IN
 COURTROOM TBD ON
03/14/2024 AT 9:00 a.m.
 FAILURE TO APPEAR MAY
 RESULT IN THE CASE BEING
 DISMISSED OR AN ORDER OF
 DEFAULT BEING ENTERED.

COMPLAINT FOR BREACH OF CONTRACT

NOW COMES Plaintiff, GOODHOPE HEALTHCARE AND HOME HEALTH SERVICES, INC, ("GOODHOPE") by and through their attorneys Metz & Vaclavek, LLC, and for its Complaint for Breach of Contract against Defendant AETNA, INC. ("AETNA"), states as follows:

Parties and Background

1. Defendant AETNA is a nationwide American-managed health care company that is headquartered in Hartford, Connecticut and maintains Illinois offices in Arlington Heights, Downers Grove, and Chicago, amongst others.
2. AETNA sells traditional and consumer directed health care insurance and related services, primarily through employer-paid insurance and benefit programs, and through Medicare.
3. The Defendant contracts with the Federal Government-- specifically, in this instance, Medicare --to provide health insurance coverage and services to those individuals in the Medicare program.
4. AETNA then contracts with Plaintiff GOODHOPE, to provide those services, namely, home healthcare to those individuals who are designated under the program. (The contract

entered into by the parties is not attached hereto as an Exhibit because GOODHOPE does not want to reveal any information AETNA deems confidential.)

5. In fact, AETNA refers their insureds under their program to GOODHOPE for specific services, for which AETNA provides insurance.

6. All services GOODHOPE provides to its patients referred by AETNA are already pre-approved by AETNA for coverage of treatment costs.

7. Plaintiff GOODHOPE is a healthcare service agency licensed in the state of Illinois with its principal place of business located at 3631 Municipal Drive, McHenry, Illinois, 60050.

8. GOODHOPE “provides exceptional home health care services that empower our patients to live their best lives in the comfort of their own homes. To treat people the way we want to be treated.”

9. Jurisdiction is proper in this matter under *735 ILCS 5/2-209* which provides that Illinois courts may exercise jurisdiction over a non-resident defendant who “transact[s] any business,” “own[s], possess[es] ... any real estate situated in,” an/or “contract[s] to insure any person” within this State. *735 ILCS 5/2-209(a)(1), (a)(3), (a)(4)*.

10. AETNA not only contracted with Medicare specifically for Illinois Medicare patients, but also offers its healthcare coverage throughout Illinois, and has offices in Arlington Heights, Downers Grove, and Chicago, Illinois. Additionally, the contract at issue between AETNA and GOODHOPE was entered into in Illinois. Thus, jurisdiction is proper.

11. *735 ILCS 5/2-101* states that “every action must be commenced... in the county in which the transaction or some part thereof occurred out of which the cause of action arose.” As the contract at issue between AETNA and GOODHOPE was entered into in Illinois, venue in McHenry County is proper.

12. On or before August 1, 2022, GOODHOPE agreed to accept AETNA insureds to provide home healthcare services to Medicare clients for AETNA in exchange for payment from AETNA under its payment schedule for services.

13. All services GOODHOPE were to provide to its patients were already pre-approved by AETNA for coverage of treatment costs.

14. Between August 1, 2022, and April 26, 2023, GOODHOPE provided care for twenty-one (21) AETNA clients.

15. The total billing for home health care services provided by GOODHOPE on behalf of AETNA is \$301,215.19. A true and accurate copy of the billing is attached hereto as **Exhibit 1**.

16. To date, and despite all patients being pre-approved by AETNA for coverage and treatment costs, AETNA has only paid GOODHOPE \$80,457.91.

17. GOODHOPE has performed all its obligations under the agreement with AETNA.

18. AETNA is still indebted to GOODHOPE in the amount of \$220,757.28.

19. All attempts by GOODHOPE to recover the indebted amount from AETNA have gone unanswered.

20. As a result of AETNA's failure to pay the indebted and overdue amount owed to GOODHOPE, it has breached the contract between the parties.


21. AETNA's failure to pay (let alone respond to) GOODHOPE demands for the *pre-approved* charges has proximately caused GOODHOPE damages in the amount of \$220,757.28.

22. GOODHOPE is entitled to prejudgment interest under the Illinois Interest Act of the rate of 5% per annum.

WHEREFORE Plaintiff GOODHOPE HEALTHCARE AND HOME HEALTH SERVICES, INC. prays that judgment be entered in its favor and against the Defendants AETNA,

INC. in the amount of \$220,757.28, interests, costs, attorneys' fees, and such other and further relief as this Court deems just.

Respectfully Submitted:
GOODHOPE HEALTHCARE AND HOME
HEALTH SERVICES, INC.




One of Its Attorneys

State of Illinois)
) SS.
County of McHenry)

VERIFICATION

I, Kingsley Ebirim, being first duly sworn, on oath deposes and states that he is the President of Goodhope Healthcare and Home Health Services, Inc., that he has read the above and foregoing Verified Complaint and that the facts contained therein are true, except as to matters therein stated to be on information and belief and as to such matters, he certifies as aforesaid that he verily believes them to be true.



Kingsley Ebirim, President
Goodhope Healthcare and Home Health
Services, Inc.

Carl E. Metz II
Metz & Vaclavek, LLC
101 N. Virginia Street, Suite 150
Crystal Lake, Illinois 60014
815-459-2844
cmetz@mgvlegal.com
Attorney No. 6225644

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Goodhope Goodhope	Medicaid	H	R	2320150178775	10/16/2022	10/31/2022	\$24.96	\$1,909.44	\$1,909.44
Goodhope Goodhope	Medicaid	H	R	2320150178780	11/1/2022	11/30/2022	\$24.96	\$2,808.00	\$2,808.00
Goodhope Goodhope	Medicaid	H	R	2320150178789	12/1/2022	12/31/2022	\$24.96	\$2,520.96	\$2,520.96
Goodhope Goodhope	Medicaid	J	C	2320050180791	8/5/2022	8/30/2022	\$24.96	\$1,135.68	\$1,135.68
Goodhope Goodhope	Medicaid	J	C	2320050180851	9/5/2022	9/28/2022	\$24.96	\$2,765.60	\$2,765.60
Goodhope Goodhope	Medicaid	J	C	2320050180850	10/3/2022	10/31/2022	\$24.96	\$1,472.64	\$1,472.64
Goodhope Goodhope	Medicaid	J	C	2320050180857	11/1/2022	11/30/2022	\$24.96	\$2,271.36	\$2,271.36
Goodhope Goodhope	Medicaid	J	C	2320050180874	12/1/2022	12/30/2022	\$24.96	\$2,271.36	\$2,271.36
Goodhope Goodhope	Medicaid	J	C	2320050207878	1/2/2023	1/31/2023	\$25.66	\$2,835.06	\$2,835.06
Goodhope Goodhope	Medicaid	J	C	2320050354922	2/1/2023	2/28/2023	\$25.66	\$3,181.84	\$3,181.84
Goodhope Goodhope	Medicaid	J	C	2320050351559	3/1/2023	3/23/2023	\$25.66	\$2,732.79	\$2,732.79
Goodhope Goodhope	Medicaid	J	C	232005035148	4/3/2023	4/25/2023	\$26.92	\$3,580.36	\$3,580.36
Goodhope Goodhope	Medicaid	P	M	2320150178758	8/6/2022	8/27/2022	\$24.96	\$574.08	\$574.08
Goodhope Goodhope	Medicaid	P	M	2320150178757	9/3/2022	9/24/2022	\$24.96	\$542.88	\$542.88
Goodhope Goodhope	Medicaid	C	R	2320050180852	11/27/2022	12/31/2022	\$24.96	\$998.40	\$998.40
Goodhope Goodhope	Medicaid	C	R	2320050207785	1/2/2023	1/31/2023	\$25.66	\$1,558.40	\$1,558.40
Goodhope Goodhope	Medicaid	C	R	232005035167	2/1/2023	2/28/2023	\$25.66	\$2,954.31	\$2,954.31
Goodhope Goodhope	Medicaid	C	R	232005035163	3/1/2023	3/31/2023	\$25.66	\$1,539.60	\$1,539.60
Goodhope Goodhope	Medicaid	C	R	2320050354525	4/3/2023	4/25/2023	\$26.92	\$1,617.10	\$1,617.10
Goodhope Goodhope	Medicaid	R	C	2320050180868	8/1/2022	8/31/2022	\$24.96	\$3,744.00	\$3,744.00
Goodhope Goodhope	Medicaid	R	C	2320150178601	9/1/2022	9/30/2022	\$24.96	\$4,243.20	\$4,243.20
Goodhope Goodhope	Medicaid	R	C	2320150178596	10/1/2022	10/31/2022	\$24.96	\$3,518.72	\$3,518.72
Goodhope Goodhope	Medicaid	R	C	2320150178609	11/1/2022	11/30/2022	\$24.96	\$3,693.60	\$3,693.60
Goodhope Goodhope	Medicaid	R	C	2320150178605	12/1/2022	12/31/2022	\$24.96	\$2,489.76	\$2,489.76
Goodhope Goodhope	Medicaid	R	C	2320050207723	1/1/2023	1/30/2023	\$25.66	\$4,102.40	\$4,102.40
Goodhope Goodhope	Medicaid	R	C	2320050351223	2/1/2023	2/18/2023	\$25.66	\$1,096.97	\$1,096.97
Goodhope Goodhope	Medicaid	R	C	2320050351510	2/19/2023	2/28/2023	\$25.66	\$692.82	\$692.82
Goodhope Goodhope	Medicaid	R	C	2320050351226	3/3/2023	3/31/2023	\$25.66	\$769.80	\$769.80
Goodhope Goodhope	Medicaid	R	C	2320050351532	4/4/2023	4/21/2023	\$26.92	\$464.56	\$464.56
Goodhope Goodhope	Medicaid	S	C	2319950207942	8/1/2022	8/31/2022	\$24.96	\$4,330.56	\$4,330.56
Goodhope Goodhope	Medicaid	S	C	2319950207990	9/1/2022	9/30/2022	\$24.96	\$4,605.12	\$4,605.12
Goodhope Goodhope	Medicaid	S	C	2319950207994	10/3/2022	10/31/2022	\$24.96	\$4,243.20	\$4,243.20
Goodhope Goodhope	Medicaid	S	C	2319950207979	11/1/2022	11/30/2022	\$24.96	\$4,243.20	\$4,243.20
Goodhope Goodhope	Medicaid	S	C	2319950207973	12/1/2022	12/31/2022	\$24.96	\$4,093.44	\$4,093.44
Goodhope Goodhope	Medicaid	S	C	2319950207854	1/1/2023	1/30/2023	\$25.66	\$4,362.20	\$4,362.20
Goodhope Goodhope	Medicaid	S	C	23200502035141	2/1/2023	2/28/2023	\$25.66	\$4,131.36	\$4,131.36
Goodhope Goodhope	Medicaid	S	C	2319950207880	3/1/2023	3/31/2023	\$25.66	\$4,410.08	\$4,410.08
Goodhope Goodhope	Medicaid	S	C	2320050351545	4/3/2023	4/26/2023	\$26.92	\$3,041.96	\$3,041.96
Goodhope Goodhope	Medicaid	S	C	2319950207946	8/1/2022	8/31/2022	\$24.96	\$1,767.28	\$1,767.28
Goodhope Goodhope	Medicaid	S	C	2319950207987	9/2/2022	9/30/2022	\$24.96	\$1,497.60	\$1,497.60
Goodhope Goodhope	Medicaid	S	C	2319950207994	10/3/2022	10/31/2022	\$24.96	\$1,497.60	\$1,497.60
Goodhope Goodhope	Medicaid	S	C	2319950207982	11/2/2022	11/28/2022	\$24.96	\$1,497.60	\$1,497.60
Goodhope Goodhope	Medicaid	S	C	2319950207990	12/2/2022	12/31/2022	\$24.96	\$2,121.60	\$2,121.60

Goodhope Goodhope	Medicaid	S		2/1/2023	1/30/2023	\$25.66	\$2,307.60	\$2,307.60
Goodhope Goodhope	Medicaid	S		2/1/2023	2/27/2023	\$25.66	\$2,512.72	\$2,512.72
Goodhope Goodhope	Medicaid	S		3/1/2023	3/31/2023	\$25.66	\$2,307.60	\$2,307.60
Goodhope Goodhope	Medicaid	S		4/2/2023	4/26/2023	\$25.92	\$1,998.81	\$1,998.81
Goodhope Goodhope	Medicaid	T		10/3/2022	10/31/2022	\$24.96	\$2,496.00	\$2,496.00
Goodhope Goodhope	Medicaid	T		11/1/2022	11/30/2022	\$24.96	\$2,496.00	\$2,496.00
Goodhope Goodhope	Medicaid	T		12/1/2022	12/30/2022	\$24.96	\$2,446.08	\$2,446.08
Goodhope Goodhope	Medicaid	T		1/2/2023	1/31/2023	\$25.66	\$2,564.00	\$2,564.00
Goodhope Goodhope	Medicaid	T		2/1/2023	2/28/2023	\$25.66	\$2,512.72	\$2,512.72
Goodhope Goodhope	Medicaid	T		3/1/2023	3/31/2023	\$25.66	\$2,193.83	\$2,193.83
Goodhope Goodhope	Medicaid	T		4/3/2023	4/24/2023	\$26.92	\$1,503.28	\$1,503.28
Goodhope Goodhope	Medicaid	T		11/3/2022	11/3/2022	\$24.96	\$1,42.24	\$1,42.24
Goodhope Goodhope	Medicaid	W	D	8/6/2022	8/28/2022	\$24.96	\$599.04	\$599.04
Goodhope Goodhope	Medicaid	W	D	9/3/2022	9/25/2022	\$24.96	\$798.72	\$798.72
Goodhope Goodhope	Medicaid	W	D	10/1/2022	10/30/2022	\$24.96	\$755.04	\$755.04
Goodhope Goodhope	Medicaid	W	D	11/5/2022	11/27/2022	\$24.96	\$611.52	\$611.52
Goodhope Goodhope	Medicaid	W	D	12/3/2022	12/31/2022	\$24.96	\$798.72	\$798.72
Goodhope Goodhope	Medicaid	W	D	1/1/2023	1/25/2023	\$25.66	\$532.03	\$532.03
Goodhope Goodhope	Medicaid	W	D	2/4/2023	2/26/2023	\$25.66	\$634.59	\$634.59
Goodhope Goodhope	Medicaid	W	D	3/4/2023	3/18/2023	\$25.66	\$403.83	\$403.83
Goodhope Goodhope	Medicaid	W	G	8/1/2022	8/31/2022	\$24.96	\$6,327.36	\$6,327.36
Goodhope Goodhope	Medicaid	W	G	9/1/2022	9/30/2022	\$24.96	\$6,339.84	\$6,339.84
Goodhope Goodhope	Medicaid	W	G	10/1/2022	10/31/2022	\$24.96	\$6,339.84	\$6,339.84
Goodhope Goodhope	Medicaid	W	G	11/1/2022	11/30/2022	\$24.96	\$6,034.08	\$6,034.08
Goodhope Goodhope	Medicaid	W	G	12/1/2022	12/31/2022	\$24.96	\$6,339.84	\$6,339.84
Goodhope Goodhope	Medicaid	W	G	1/1/2023	1/31/2023	\$25.66	\$6,512.56	\$6,512.56
Goodhope Goodhope	Medicaid	W	G	2/1/2023	2/28/2023	\$25.66	\$6,461.28	\$6,461.28
Goodhope Goodhope	Medicaid	W	G	3/1/2023	3/31/2023	\$25.66	\$6,517.64	\$6,517.64
Goodhope Goodhope	Medicaid	W	G	4/1/2023	4/26/2023	\$26.92	\$6,279.11	\$6,279.11
Goodhope Goodhope	Medicaid	W	F	3/20/2023	3/27/2023	\$25.66	\$289.22	\$289.22
Goodhope Goodhope	Medicaid	W	F	4/3/2023	4/28/2023	\$26.92	\$706.65	\$706.65
				TOTAL		\$	\$0,457.31	\$
							220,787.23	